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Untying the knot: a socialist-feminist analysis of the social construction of care: social research and development monograph no. 7

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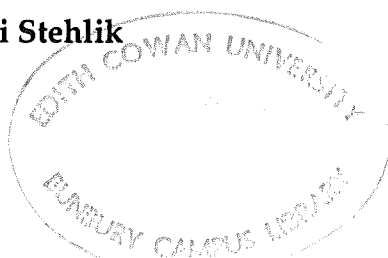
CENTRE FOR THE DEVELOPMENT OF HUMAN RESOURCES

Social Research and Development Monograph No. 7

UNTYING THE KNOT

A SOCIALIST-FEMINIST ANALYSIS OF THE SOCIAL CONSTRUCTION OF CARE

Dani Stehlik



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Abstract

As the Australian population ages, policy and human service practice in the field of aged care assumes an increasingly important and relevant position. In this monograph I argue that women who are providing care for aged spouses, parents or relatives in their (or their carer's) own homes, are doing essential, hard and stressful work, work which is unpaid and often unacknowledged, and that the Australian welfare system is now structured around the invisible unpaid labour of such women. The rhetoric of Australian political parties is focussing more and more on the notion of an ideal 'family' and 'community' and a consequent return to 'old values'. Coupled with this is a continual demand for economic rationalism, pragmatism and for effective and efficient government: a move which coincides with a more neo-conservative approach to welfare.

These trends can be summarised as an attempt by the state to withdraw from formal services as much as possible and to minimise the role of government while attempting, at the same time, to maximise so-called family support systems within the informal sector. Increasingly this is becoming a more politically popular and financially expedient alternative for Australia's policy makers as a way of reducing expenditure on welfare. The socialist-feminist framework I have adopted identifies the relationship between women, the unpaid work they undertake as carers, and the state, which relies on their unpaid care in order to maintain the current welfare system. The analysis also identifies future issues for Australian women within this complex relationship.

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Chapter 1: Introduction

As the population of Australia ages, social policy and human service practice in the field of aged care assumes an increasingly important and relevant position. In this monograph, I will argue that women who are providing care for aged spouses, parents or relatives in their (or their carer's) own homes, are doing essential, hard and stressful work, work which is unpaid and often unacknowledged, and that the Australian welfare system is now structured around the invisible unpaid labour of such women. The socialist-feminist framework I have adopted identifies the relationship between women, the unpaid work they undertake as carers, and the state, which relies on their unpaid care in order to maintain the current welfare system.

The significance of this discussion lies in the fact that the rhetoric of both major Australian political parties is focussing more and more on the notion of an ideal 'family' and 'community' and a consequent return to 'old values'. Coupled with this is a continual demand for economic rationalism, pragmatism and for effective and efficient government — a move which coincides with a more neo-conservative approach to welfare. This conflicting notion between the so-called 'classic' Welfare State, and a push towards neo-conservatism and a resultant devolution of state responsibility, has been identified as a conflict between the ideology of selectivism and that of universalism (Mishra 1984, Graycar, 1983, Yeatman, 1990). A reaction against a decade of increasing welfare costs and decreasing taxation income has resulted in major changes in social policy through a devolution of human services and welfare activities back to neighbourhood and family supports (Bulmer, 1987, Connell, 1990).

These trends can be summarised as an attempt by the state to withdraw from formal services as much as possible and to minimise the role of government while attempting, at the same time, to maximise so-called family support systems within the informal sector. Increas-

ingly this is becoming a more politically popular and financially expedient alternative for Australia's policy makers as a way of reducing expenditure on welfare (Stehlik, 1991). The political climate in mid-recession Australia in the first half of the 1990s is one in which economic rationalism prevails and the media and other institutions argue for an increased privatisation of services, particularly in regard to the delivery of human service programs. In addition, the rhetoric of recently elected Liberal State Governments is stimulating the debate about more individual and family responsibility, and community care, with a corresponding increase in the use of the arguments of economic rationalism, which tend to minimise the role of the state, as a justification.

The ageing of Australia's population, estimated as between 20.1% and 21.8% by the year 2031 (Australian Bureau of Statistics Cat. No. 3223, 1988) will place increasing stress on the Commonwealth and State aged care policies. The fastest growing demographic group within the ageing population is that of those over the age of 75 years (between 5.4% and 6.0% of the population by 2031), the majority of whom are women (Calculated as 63.3% in the 1986 Census (Australian Bureau of Statistics, 1988, Cat.No. 2502.0, Table 1.5, p.6)). Women also make up the greatest proportion of primary care givers, volunteers and paid staff within the aged care industry particularly, and within human services generally (Baldock 1990). In fact as has been pointed out by many commentators, the aged industry can be seen as a women's industry and as Pascall (1986) reminds us:

the most striking claim in feminist analysis of social policy is that it is impossible to understand the Welfare State without understanding how it deals with women (p.1).

Accordingly, I will focus here on women as service users and women as service providers, both in the formal and informal sector of human services. Through the use of empirical evidence from major surveys conducted in both Australia and overseas, I will argue that a

detailed examination of the social construction of caring synthesises to one unambiguous conclusion, that is, that it is women who assume the major caring role in our society and who as a result, suffer the most physically, emotionally, financially and socially. In addition, current social policies perpetuate this iniquitous social arrangement.

The socialist-feminist perspective provides a framework of analysis of the social policy constructs intrinsic to the social construction of care and will explore the hypothesis that there are assumptions upon which such policy is formulated. Most particularly, the hypothesis postulates that these are assumptions about 'the community' and 'the family' and the nature of formal and informal care within Australian society. These assumptions are apt to exploit women by the supposition that women in our society are predisposed to caring and nurturing roles and that women's place is within the home providing such care and nurturance. In addition, with the ageing of the Australian population, the great majority of which is and will be women, coupled with the increasing participation of women in the paid workforce — from 29.1% in 1966, to 39.3% in 1986 and now 52% in 1992 (Aspin, 1989, p.44, OSW, 1993, p.43) — the hypothesis postulates that the policy makers' specious assumption that 'there will always be a primary carer' (ie. woman) in the private sphere to look after an ageing parent, ailing spouse or child with a disability appears to lack credibility and invites further analysis and critique.

Nostalgic and traditional ideas of the roles of women play an important part in supporting such assumptions and it may yet be seen that this conservative policy based on a familial ideology will have far-reaching implications for Australian women, both as carers and as service users, well into the next century. The foregoing overview, although brief, has alluded to the complexity of relationships between politics, the economy, women and community care. I will now outline the socialist-feminist perspective which provides the theoretical framework and will then undertake an analysis of the social construction of care utilising that framework.

Chapter 2: Towards a Socialist-Feminist Perspective

The socialist-feminist perspective recognises that an analysis of the complex inter-relationship between patriarchy, capitalism and the state is essential as a first step in abrogating inherent gender inequalities. The public/private dichotomy and the family household system as supported by the state and the idealised and systemised role of women within that household system also demand to be challenged. The perception of the state's structures and its policies and programs as gender-neutral must be seen as the fabrication they are. The relationship between women and the state is complex and full of contradictions and needs to be analysed sensitively and with attention to individuality and personal experience. Socialist-feminism recognises the centrality of the family household to the economic means of production. It recognises, too, that the work women undertake in the domestic sphere needs to be made visible and not exploited further.

The socialist-feminist theoretical debate focuses on three inter-related factors: first, the relationship between patriarchy, capitalism and the Welfare State; second, the family as a focus of structuring and constraining policies by the state; and third, production/reproduction and the incorporation of domestic labour into the economic marketplace. It is important to initially point out that feminism *per se* does not speak with a "unitary voice" (Franzway et al. 1986, p.162) and therefore it is often difficult to disentangle the various threads of feminist thought. Nevertheless, it is possible to identify that feminist perspective which has become known as socialist-feminist as distinct from others, most particularly in its analysis of the family and its approach to an evaluation of domestic labour as work. Socialist-feminists argue that in order to understand why it is that women continue to be oppressed, despite some recent legal and political changes, clarification needs to be made of the relationship between paid work undertaken in the public sphere, and unpaid work undertaken in the domestic, or private sphere. Socialist-feminists also argue for an end to the public/

private dichotomy as there can be no real equality for women until the work they do in the home is recognised as work, and extended out into the broader arena of the economic market place. ? wages

The socialist-feminist analysis of the state also recognises the inherent tension and dichotomy for feminists as many of them in fact look to the Welfare State for support for advancing the status of women in society. At the same time socialist-feminists continue to be aware of the fact that the state plays a key role in constructing and thus maintaining women's oppression (Connell, 1990). While any socialist-feminist analysis must focus on the larger structure of society, it is crucial to a feminist perspective generally to maintain the individuality of women in any analysis, and therefore not to fall into the traditional social science 'mire' of homogeneity and objectivity (Yeatman, 1986, Flax, 1987). The inherent tension in the relationship between the state and women must also be continually inferred so as to scrutinise the reality behind the veil of the invisibility of women and their labour.

2.1 Patriarchy, Capitalism and the State

In early feminist analyses of capitalism and patriarchy, there tended to be two views posited — that gender inequality was either caused by capitalism (ie. the traditional Marxist perspective) or by patriarchy (ie. the early radical feminist perspective). Four identified categories of writings on gender inequality show this gradual evolution:

1. gender inequality as a derivative of capitalism;
2. gender inequality as a result of an autonomous system of patriarchy, which is the primary form of social inequality;

3. gender inequality as resulting from patriarchal relations so intertwined with capitalist relations that they form one system of capitalist patriarchy;
4. gender inequality as the consequence of the interaction of autonomous systems of patriarchy and capitalism (Walby, 1986, p.5).

While a detailed analysis of these categories is beyond the scope of this study, Walby (1986) provides an excellent review. She argues that a more recent trend in feminist critique is to consider the relationship between patriarchy and capitalism as one of interconnectedness, albeit without the implied elements of harmony in such a term. It is far too simplistic to consider these institutions as direct alternatives, or indeed to view patriarchy as somehow servicing capitalism. As Franzway et al. (1989) point out, some earlier patriarchal state theories have treated the state "as an agent of patriarchy" (p.27), while others tend to see the "state itself as patriarchy" (p.28). Instead, the Welfare State should be viewed as a "complex of relationships" (Burton 1985, p.104) and patriarchy seen as residing in the so-called "objectivity of the state's structures" (Franzway et al., 1989, p.29).

Patriarchy and capitalism should not be seen as having an harmonious relationship. On the contrary there is continued conflict (Walby, 1986, p.45) and the affiliation itself is dynamic and constantly changing. The state, then, derives its entity from both patriarchy and capitalism and can thus be viewed as the medium through which patriarchal actions and relations are articulated. Put more powerfully, "the state is the patriarchal power structure" (Connell, 1990, p.9) and "an institutionalisation of power relations" (1990, p.11).

2.2 The Family and Women's Role

Socialist-feminist analysis argues that the state organises the domestic life of its citizens through the dissemination of its ideology and through its policies and practices. McIntosh (1978) argues that there are two functions of the Welfare State which systematically act to oppress women: first, the family household system; and second, the use of married women as a "reserve army of labour" (1978, p.257).

The family household system as supported by the state both ideologically and practically through its policies, particularly those of taxation and social security (Pascall 1986), is that of the male as breadwinner and the female as dependent/carer/nurturer. It is important to continually re-stress the inadequacy of this traditional perception of roles, and how the state continually reinforces them, thus inevitably maintaining its oppression. As McIntosh (1978) and others, (including Pascall, 1986, Franzway et al., 1989) point out, the state often 'takes over' these functions of breadwinner and carer, but it does so while overtly criticising 'the family' as being negligent in its 'duty'. In this way, the family household is "importantly structured and constrained by state policies" (McIntosh, 1978, p.267). As McIntosh also concludes, "the state's role in the oppression of women is usually indirect". In this way, Connell argues "the state can appear in itself to be gender-neutral...[which] is a vital aid to legitimacy" (1990, p.8).

The relationship between the state and women is not as simplistic as just a notion of total oppression would indicate: on the contrary, the relationship between the state and women is full of contradictions. While the state controls women and women's work in its endeavour to impose traditional roles on women, nevertheless, it encourages and supports women to work. In the Welfare State particularly, there has been a growth of work opportunities (albeit the majority part-time) for women. However as Matthews (1984) reminds us, women's entry into the workforce in large numbers is in the main into those areas for

which they have always been responsible as part of their domestic role, that is, nursing, community services, the service (hospitality) sector.

Historically, women's paid work is seen by the state as a pool of labour which can be drawn upon in time of need and which can, through ideology and policy, be reduced when no longer required (Matthews, 1984). As Benson (1978) says, "the 'cult of the home' makes its reappearance during times of labour surplus and is used to channel women out of the market economy" (p.182). In *Staking a Claim*, Franzway et al. (1989) refer to what they consider as an Australian phenomenon, the fact that the state in this country has over the last ten to fifteen years employed many feminists to help develop its policies and deliver its programs. This is in a sense a contradiction between serving while at the same time opposing the state. Thus as Pascall (1986) points out, the state's roles for women are "ambiguous" (p.27). This ambiguity serves to give the state more power, as women become confused and thus further divided on the issues.

Crucial to an understanding of this confusion is that the interests of women as a class are not uniform, as full-time homemakers have different interests to those of full-time paid employees. In addition, the way in which women react to their relationship to the state is also class-based. Those women whose education and work experience gives them the confidence and assertion to speak out, react differently to those women whose experience is one of dependency and powerlessness. The state must cater for both these groups but what it tends to do is to create a false homogeneity in its policies and in this avoids the issue altogether; thus this false conceptualisation of homogeneity is one of the factors which explains the oppressed social position of women.

2.3 The Production/Reproduction Debate

Since the early 1970s, the socialist-feminist debate has centred around the issue of work as work whether it is undertaken in the domestic or the public sphere. Domestic unpaid labour is not considered important enough to be part of the economic strata of society (Cass, 1982). It is not recognised as part of Australia's gross domestic product (GDP) or indeed in any 'measure' of the country's economy. Housework is ignored as work because "women are supposed to be working for love" not money (Bottomley, 1983, p.26). In this way, the family becomes sequestered outside the economic sphere of production and women working in the home, alone and often without support, can be seen as conforming to the dominant ideologies and standards they have been socialised into accepting (Matthews, 1984).

In direct opposition to this Parsonian/functionalist view, socialist-feminists argue that the family is central to the economic sphere of production and that a recognition of women's domestic labour as work is an essential first step in the movement to redress gender inequalities (Hartmann, 1978). So long as the state continues to subscribe to the view that work that is valued is work that is paid, and unpaid work is therefore not valued, women will continue to suffer oppression. In any discussion of these issues, it should always be remembered that the state (and those who own the means of production) benefit and profit from the unpaid work of women. In consideration of the labour of women within the aged care industry, it is largely the *unpaid* labour of such women (as carers, volunteers) that enables the current system to be maintained.

What socialist-feminists do not necessarily agree upon, however, is the answer to the question — just what sort of work do women do in the home? Is it, for example, production or reproduction? Is it consumption or circulation? And in addition, is it productive, non-productive or unproductive of "value and surplus value" (Walby, 1986, p.17). The main issue seems to be the definition of what constitutes

production and reproduction. McIntosh (1979) makes the point that reproduction is not just a biological fact, that in producing the next generation of workers it is also providing food, shelter, sleep, exercise and all those "social conditions that will preserve people's personality structure and outlook on life" (p.153). McIntosh concludes that the role of women can therefore be seen as maintaining a balance between the dependent and independent members within the family household.

Unlike McIntosh, Pascall (1986) considers the work undertaken by women in their role as caring agents for the Welfare State as reproductive. She defines this to be the "link [from] the human service work that is undertaken in the domestic arena to that which is part of public policy (and which is also largely women's work)" (p.23). In this way, Matthews' (1984) argument endorses Pascall's position in so far as women enter the workforce in large numbers only then to continue to maintain their 'domestic' roles within the paid workforce, from exchange of services to payment for those services. From another perspective, Walby (1986) argues that any "distinction between production and reproduction is arbitrary and unsustainable" (p.36). She goes on to point out that everything done by women in the home as domestic labour can (and is) in fact being bought in the market-place. Yet, she says "typically, when performed in the home it is considered reproduction and is outside, production" (p.36). While this may seem as unassailable logic to some, what is, in fact, illogical about this is that different values are attached to the same labour depending on where it is conducted — either outside or inside the home. This dichotomy serves to provide yet another framework for separating women from the productive sphere. Walby continues:

It is entirely inconsistent to see a person who is paid a wage to do [such]...tasks as being engaged in production and a women who does them unpaid as being engaged in reproduction. A distinction between reproduction and production is unfounded and should be rejected in favour of conceptualising all these tasks as production (1986, p.36).

Work undertaken in the domestic, informal sphere (ie. the labour of caring for family members), and work undertaken in the public sphere (ie. caring for people as part of formal human services), are both considered production for the purposes of this discussion.

2.4 The Need for a Feminist Discourse on Ageing

This paper concerns itself with the social construction of caring which presents its public face as a *dyad*, comprising the carer and the person being cared for, although the whole construction is much more complex. It is crucial within a feminist discourse to consider both individuals within this dyad, as statistically they are both more likely than not to be women. All too often in any policy debate or development, there is a tendency to homogenise and characterise without consideration to individuality and individual need. Evers (1985) and Russell (1987, 1981) both argue that in the debate on caring, those cared for, who are more likely to be women, should also be considered within any feminist debate. Otherwise, Evers warns, they are "in danger of being relegated to the status of work objects" (1985, p.102).

While the sociological and gerontological literature identifies the demographic reality that women live longer than men, and therefore comprise the greater proportion of the aged population, theoretical research and subsequent policies nevertheless assume an amalgamation of old men and old women's interests and consequently deny the actuality of women's ageing experience as being different to that of men (Finch and Groves, 1985b).

An interesting fact noticeable in a feminist analysis of ageing is the relative lack of literature, compared with the discourse on social policy, on the family and on caring. While as early as 1972, Simone de Beauvoir wrote of the double stigma of being aged and being a woman, nevertheless this fact has received little attention in the past two

decades of feminist writing (Russell, 1987). Unlike the debate on the family and caring, there are no major texts on this topic, and writings are instead usually journal articles such as Lesnoff-Caravaglia (1984) or Troll (1988) who pointedly asks: "Why do feminists ignore old women in general and old mothers in particular?" (p.587).

In her stimulating article in *Women's Studies International Forum*, "Ageing as a Feminist Issue", Cherry Russell (1987) opens up the Australian debate by citing Phillipson (1982) and pointing to two possible factors as to why there has been a lack of feminist discourse in this critical area. She argues that in the past, feminist critique has tended to concentrate on the important issues confronting women in the broad areas of production and reproduction — that is, issues for younger women of child bearing, child rearing and working age. Russell foresees a shift occurring as these women reach middle years, one which can now be observed in the current increase of feminist critique in the area of caring in the last decade. This is possibly because these women are themselves confronting the very issues raised (Finch and Groves, 1984). Russell points out that it must also be accepted that ageism is alive and well in the paucity of discussion of ageing issues within feminist scholarship, and that many feminists (for example, she quotes Rowbotham, 1973) express anger and animosity towards their own ageing and towards older people generally. For this reason, Russell calls for a more focussed feminist debate about age and ageing issues, not only to highlight that old women are women too, but also to balance the androcentric gerontological and sociological literature that currently dominates the topic (Harrison, 1983).

The disadvantages of being a woman in western society do not cease with old age. On the contrary the disadvantages become compounded, more onerous and thus "[c]ompared to old men, old women are systematically disadvantaged across the spectrum of material conditions" (Russell, 1987, p.126). Walker (1987), writing of the British experience, argues that women's tendency to poverty and dependence throughout their lives results in a greater dependence in

old age. The fact that social policies ignore the differences in economic status between old men and old women is also highlighted by Watson (1988), specifically in regard to housing issues for the aged. Russell (1981) argues strongly that current Australian social policies "reflect a socially constructed 'reality' that ageing is a period of decline, poverty and dependence" (p.98). Therefore in order to provide a more balanced picture of the reality of life for elderly women and their carers, government policies urgently need to be analysed more critically and developed with the differences of experience in mind.¹

In addition, as Finch and Groves (1985b) point out, human service praxis is gender-biased in the area of ageing. This is not surprising given the tendency toward androcentric hegemony within human service theory and praxis. Despite the demographic reality that most elderly people manage to look after themselves without the intervention of the state, the dominant ideology determines that growing old increases dependency and thus policies and praxis are developed with this assumption in mind.

¹ A recent step in the right direction was a workshop coordinated by the Department of Health, Housing, Local Government and Community Services entitled *Research on the Health of Older Women: Perceptions, Resources, Gaps* held in Brisbane on 2-3 September, 1993.

Chapter 3: Ideology and Social Policy

Contemporary social policies are founded on the assumption that it is within the nuclear family that the caring of family members should be rightly conducted. The family, according to this ideology, has a "moral duty to care; [and] the bosom of the family is the place where a dependent person 'ought' to be" (Dalley, 1988, p.6). At the 'heart' of this family is the woman who cares. This ideology assumes that women, either biologically or instinctively, are 'better' at caring than men, that caring is something innate within women, and that therefore any woman who rejects this role is seen as deviant (Dalley, 1988). This ideology also postulates that congruent with the caring role is a personal sense of self-sacrifice and altruism which women should accept without complaint. The ideology is underpinned by an all pervasive image of a self-sacrificing, ideal 'mother figure' within the Judeo/Christian ethic, one which has become part of Western literature and its artistic heritage. According to the ideology, the noble qualities of the ideal of motherhood include giving up all one's own personal needs and totally immersing oneself in the needs of others (Matthews, 1984).

As Dalley points out, this view has become one to which both women and men subscribe. Women, who are the "chief losers in this conflict of interests" (1988, p.15) nevertheless accept the ideology as reality, not as a construction based on those patriarchal interests clearly working against the best interests of women. In this way, women are exploited by the ideology (Croft, 1986, Dalley, 1988) and nowhere is this exploitation more evident than in the social construction of care. As the social policies of the Welfare State are imbued with these ideological premises, it is therefore not surprising that there is increasing discussion supporting the notion that 'family' care is diminishing and the state is reluctantly assuming more and more responsibility. As Croft (1986) puts it, the current status quo is "oppressive" to women because:

It is on women's sweat and tears and frequently dashed hopes and plans that the gentlemanly and distanced official and managerial debates and prescriptions about caring and welfare rely (1986, p.24).

The ideology of care conflicts with the increasing reality of large numbers of women entering the workforce and leaving behind their 'traditional' roles (Ungerson, 1983). Nevertheless, the "domestic sphere, the world of work, [and] the welfare state are all [still] organised as if women were continuing this traditional role" (Sassoon, 1987b, p.160). This conflict between the ideology and reality manifests itself as a tension in the lives of women who care and creates stresses for both the care giver and the care recipient (Ungerson, 1987, Braithwaite, 1990).

In any discussion of caring and ageing, the point of departure must be the macro-relationship between the state and the family and the micro-relationships within the family itself. While the ideology argues pervasively for familial care, Faulkner and Micchelli (1988) point out that nowhere does the ideology state just "what degree of filial responsibility is appropriate to what degree of parental dependency" (1988, p.11). Similarly, there is no real criterion as to how much care women are expected to give. Troll (1988) goes further to argue that dominant ideologies actually create tensions and conflicts within family relationships. The ideology of individualism conflicts with the ideology of filial obligation and the ideology of self realisation or self fulfilment conflicts with that of familism (p.590). Such ideologies pressure women to care and to accept such care, and in turn, pressure service providers to maintain the stereotypic dependent roles such ideologies promote.

Chapter 4: Untying the Knot: Dependency and Poverty as Social Constructs

The intersection between the ideology and the reality of caring lies in the social construction of dependency and poverty. Dependency occurs at two points: the dependency of the carer and the dependency of the person being cared for. Feminist analysis must be "concerned with just how tightly the knot has been tied between the dependency of the carer and the dependency of the cared for" (Pascall, 1986, p.30). This particular discussion will focus primarily on the implications of that 'knot' of dependency for carers.

Social policies tend to highlight the physical and emotional needs of the dependent people for whom such policies are deemed to 'help'. Yet, the fact that such policies directly impact on the economic dependence of the women who care for these people, is rarely, if ever, discussed. One obvious explanation is that such dependence is seen as 'natural', as befits the 'traditional' role of women. In this way, it complements and supports the familial ideology espoused by such policy. That is, that it is 'natural' to have dependent women and such women have always been dependent on the male breadwinner. While that has been changing over the last three decades with increasing numbers of women engaging in the paid workforce and being self-supporting, nevertheless, when it comes to them providing care the immediate consequence for women is that they are forced (often against their will) to become dependent — if not on a man, then on the state. Thus "women have moved from private to public dependence" (Dahlerup, 1987, p.121 (emphasis in the text)).

Although most of the care provided by women is unpaid, it is not free. It is in fact bought at a considerable cost (McColl, 1985, Brody, 1985, Mears and Watson, 1990). The price that women pay to care, the price exacted from them by the social policies that espouse 'familial' or 'community' care, is economic dependence (Pascall, 1986, Graham, 1987). As Pascall suggests:

Social policy's tendency to promote both these arrangements [ie: the dependency dyad of carer and care receiver] amounts to the exploitation of one kind of dependency to deal with another (1986, p.29).

The all too obvious outcome for those experiencing this 'dependency dyad' is the spectre of poverty. Once again, while the literature on poverty in old age is extensive (although the gender issues are not so well documented), the fact that many women who care also experience poverty simply *because* they care, is largely ignored. Graham argues that:

Poverty and caring, are for many women, two sides of the same coin. Caring is what they do, poverty describes the economic circumstances in which they do it (1987, p.223).

Women who give care become economically dependent, and this dependence results in personal poverty. Many women give up paid work, or work only part-time in order to care. Although the available data is not altogether clear, the Australian Bureau of Statistics shows that in the twelve months prior to April 1988, of the people who had left the labour force in the previous 12 months, 364,100 or 69% were women and more than 50% of these were women in the 25-44 year age group (ABS Cat.No. 6267.0, 1989. p.1). Some 13.1% of women gave as their reason for ceasing their last job "to look after family, house or someone else" and of these, 4.5% said they intended not to return (Table 18, p.13). Kinnear and Graycar (1983) found that over 50% of the carers in their survey gave up work in order to care (p.83); in the ACOTA survey, 11.2% gave up full-time work (Calder, 1986, p.7); and Kendig et al. (1983) found that over 71% of their carers were not employed full-time (1983, p.152).

The stresses of caring also result from knowledge of a loss of career opportunities, or in perceptions by employers that women are 'not

serious' about their work because they cannot work overtime, or come in late and leave early because of the demands of their caregiving.

Women with fewer resources carry the greatest burden and Hamner and Statham (1988) argue that this burden is heaviest for women of the working class. The future for such women looks bleak: as carers with few resources (including property and financial) they will be "increasingly dependent on state services" (Ungerson, 1987, p.151). In addition, their own care needs as they grow older are also in jeopardy, as the cycle of dependency becomes increasingly difficult to break. It can be seen, therefore, that a class analysis of caring is important to highlight the differential impacts: while some women can afford to pay for care for their elderly relatives, others have no choice but to provide the care themselves.

Chapter 5: What is Care?

Considering the popularity of the words 'care' or 'caring' in the sociological literature and in the rhetoric that often accompanies social policy documents, their meanings are surprisingly ill-defined. This serves as yet another example of words which everyone assumes they know and agree upon but which in fact have different meanings for different people. One aspect of 'care', briefly discussed earlier in this monograph, that appears to be universally assumed and agreed upon, is that it is somehow 'natural' for women to care (Finch and Groves, 1983) because women 'do it better'. Therefore caring is something that is considered a private activity (Graham, 1983), one that occurs out of the public view. This again serves to reinforce the cultural notion that it is women's work and therefore best undertaken in the home. The functionalist/Parsonian view of the family, as essentially a private place, supports the dominant paradigm of power and is the one adopted by policy makers and politicians. The caring/nurturing role is "crucial" to society, yet "rendered invisible by the way it has been socially constructed" (Dalley, 1988, p.25). Caring for most of us conjures up feelings of love and duty. There is an agreement that it is our 'duty' to care for those we love. This duty extends most imperatively to our immediate family: it is a wife's 'duty' to care for her husband, her own elderly relatives and those of her spouse.

A synthesis of the literature appears to highlight three key areas which interconnect to provide a useful outline of the caring process. First, that a difference needs to be made between caring *for* a person and caring *about* a person (Dalley, 1988). Thus caring needs to be appreciated not only from an emotional but also a material perspective (Graham, 1983). Second, the differences between caring about or *tending* and caring for or *caring* need to be highlighted (Parker, 1980, Ungerson, 1983). Finally, and crucially, the *costs of care* for **both** partners of the caring dyad need to be appreciated.

5.1 Caring *for* and Caring *about*

As Dalley (1988) and Braithwaite (1990) point out, caring for and caring about someone are perhaps best typified in what is culturally regarded to be the 'natural' function of motherhood. In addition, Braithwaite also provides a fascinating analysis of the differences and similarities in caring for a child and caring for an elderly adult. The mother cares *about* the child — she loves it, nurtures it, protects it. As well, the mother cares *for* the child — she feeds it, bathes it, clothes it and sees to its general health and well-being. In this way "caring for and caring about are deemed to form a unitary, integral part of woman's nature" (Dalley, 1988, p.8). Therefore any woman who wants to maintain the *caring about* function, but perhaps because of economic circumstances, wishes to or must relinquish the *caring for* function, is considered deviant and not a 'good woman/mother'. As Ungerson (1983) points out, *caring about* somebody may have little in fact to do with whether you *care for* them; conversely *caring for* somebody may have little or nothing to do with whether you *care about* them.

Patriarchal ideology assumes that the two functions are indisputably inseparable, that if a woman *cares about* someone, she must also naturally *care for* them. This assumption is also at the basis of a view of woman's nature as essentially passive — *being*, rather than the active (ie. masculine), *doing*. It should be pointed out here that in fact caring (either as for or about a person) is not a passive function at all, but is extremely active and thus contradicts notions of women being passive. The invisibility of the heavy physical, mental and emotional activity involved in caring is based on the invisibility of women's work and the stereotypes associated with women's 'nature' and so it is that something as active as caring becomes socially constructed as passive.

Graham explains that some psychologists consider caring as the "constitutive activity through which women achieve their femininity and against which masculinity takes shape" (1983, p.17). In other

words, men don't care, simply because women do. However, Graham rejects this psychological view as too narrow and deterministic as well as being too simplistic, because as can be seen, some men do care, and in fact breadwinning itself could be argued as being 'caring'. Conversely, an explanation of caring which strips it of its psychological aspects and reduces it to a material perspective only, that is, that caring is women's work and therefore becomes an "obligatory transaction of goods and services which occurs in the patriarchal family" (p.17) is also too narrow a view. Graham concludes that caring is "simultaneously about our material existence and our consciousness" (p.14) and a perspective incorporating both aspects (ie. psychological and material) must be used to understand caring more clearly. In such a discussion caring and dependency, caring and poverty are also factors that need to be taken into consideration.

The social organisation of caring is therefore a complex equation of first, "the institutions of caring (the family, the community, the state)" and second, "the conditions to which they give rise (dependency, poverty, powerlessness)" (Graham, 1983, p.25), an equation which delineates and limits women's lives.

5.2 Caring for as *Tending* and therefore Devalued

Parker (1980) argues that caring for would better be described as *tending* which involves "such things as feeding, washing, lifting, protecting, representing and comforting" (p.3). Tending has two crucial aspects to it. First the service is given because the "sense of obligation on the part of the carer is socially rather than affectively constructed" (Ungerson, 1983, p.32). Second, tending consumes the time of the carer in such a way that she cannot utilise time for other equally important activities, or indeed, she "may even become too exhausted to use her remaining time" (Ungerson, 1983, p.32). Personal care of this intimate nature is, as Kendig (1985) puts it, the 'acid test' of a relationship. His

survey of 1050 aged people found that rarely if ever, was personal care for (or tending) an individual provided by **anyone other than** a spouse or a child.

It is because women do most of the caring for or tending, that caring *per se* is generally a devalued function in our society (Rimmer, 1983, Croft, 1986). For example, working with severely disturbed aged adults who have senile dementia has less status than working with well aged adults. Generally, however, working in the field of aged care, whether paid or unpaid, is considered a low status occupation. The tending work that is carried out — both publicly in nursing homes and hospitals, or privately in the home — is conducted in the most part by women who are usually part-time, almost always poorly paid or often, not paid at all (Vellenkoop-Baldock, 1990). In November 1990, nearly 67% of people working in the 'community services' sector in Australia were women, and a comparison of part-time workers shows that only one in seven were men (ABS Cat. No. 6203.0, 1991 Table 22, p.24). The devaluation of those being cared for also impacts negatively on the carers. The costs of caring include the restrictive cost of being even more devalued as a person **because** you care.

5.3 The 'Burden' of Care

Caring should be conceptualised as a 'cycle' for women, initially caring for their children, then their elderly relatives, and finally, usually, for their aged spouses (Hamner and Statham, 1988). Therefore, the greatest burden of care (Braithwaite, 1990, Kinnear and Graycar 1983, Kendig et al., 1983) falls on the woman. Braithwaite defines 'burden' as "forms of maladjustment arising from the caregiving role" (1990, p.147) and these include those needs (such as physiological, security, love or self-esteem) which are 'frustrated' by the demands of care-giving. The tremendous burden of care creates a situation of conflict for women and results in emotional, as well as physical and

material costs to the carer (Statham, 1988). The Kinnear and Graycar survey found that stresses on the carer include: deterioration of work performance; decline in relationships between spouses and other immediate family members; and deterioration of physical health (1983, p. 84). The ACOTA survey identified the following stresses: loss of privacy; constant anxiety and insomnia; decline in family relationships; anxiety about the future (Calder, 1986, p.8). A survey recently conducted in the United States on husbands and wives as caregivers, showed that "wives were more depressed, as well as more burdened than husbands" (Pruchno and Resch, 1989, p.162) and in addition, the researchers found that wives felt "trapped during a time in their life when finally, they thought, there would be time for themselves" (1989, p.164). Nevertheless, it should also be pointed out that many women choose to care, and for them, the 'burden' is something chosen. The dilemma this may cause is discussed further below.

Chapter 6: The Hierarchy of Care

6.1 Who Cares?

A key point must be made that while caring is a relationship between two people, care for a person is inevitably the responsibility of **one individual**. This may seem as if it is stating the obvious, but the point needs to be made because so often the literature of social policy and the political propaganda talks about 'the family' and 'the community' as if care is being distributed over a number of family members. This is the confusion associated with caring for and caring about. In fact it is one person, and one only, who carries the greatest responsibility and undertakes the majority of the labour of care (Allan, 1988, Kendig et al., 1983, Kinnear and Graycar, 1983, Rossiter, 1986, Braithwaite, 1990).

I would argue that it is women who undertake the major burden of care and this challenges the traditional, conservative view that such care is vested and therefore diffused within the 'family' and the 'community'. The traditional view asserts that care is primarily undertaken equally between family members and that it is the community, that is networks of other relatives, neighbours and friends, which provides a support system to the family itself. The empirical evidence from sources in many surveys (Kendig, 1986, Calder, 1986, Kinnear and Graycar, 1982, Braithwaite, 1990, Mears and Watson, 1990 and McColl, 1985) supports this contention. In this section an analysis of who does the caring and what Shanas (1979) calls a 'hierarchy of care' will be discussed.

6.2 The Hierarchy of Care — the Spouse

In the hierarchy of care, the first person to take on the tending role is the spouse. As women outlive men and women also tend to have fewer major critical illnesses, it is more likely that as both partners age, it will be the wife who takes on the burden of care for her husband (Lewis and Meredith, 1988, Day, 1986, Kendig 1986b, Coleman, 1987, Braithwaite, 1990, Kendig, 1985). For these women, many of whom are of course, elderly and frail themselves, the burden of care becomes a heavy one as they struggle to maintain the spouse at home, often at great personal cost.

As Cantor's (1983) survey in New York found, the "husband-wife dyads lived alone...thereby increasing the potential for isolation and psychological stress" (p. 599). The 1981 ACOTA survey in Melbourne and Adelaide confirmed this, finding that over 73% of the aged people were either living alone or living with a spouse. Shanas (1979a, 1979b) has developed a model of a 'hierarchy of care' which explains this evidence further. An adapted model, following on from Braithwaite (1989), which shows the hierarchy of care (Figure 1) and the subsequent hierarchy within familial (non-spouse) care, is as follows:

Figure 1. The Hierarchy of Care

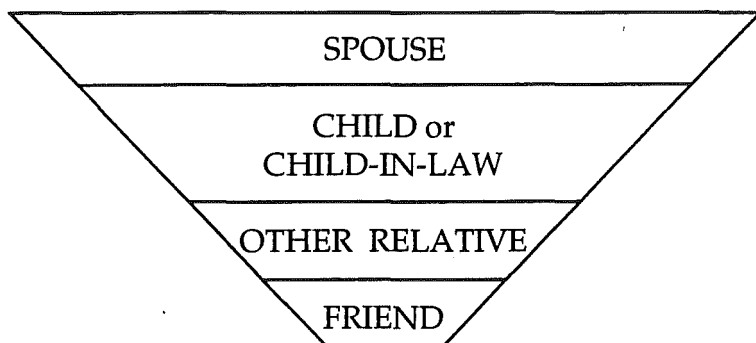
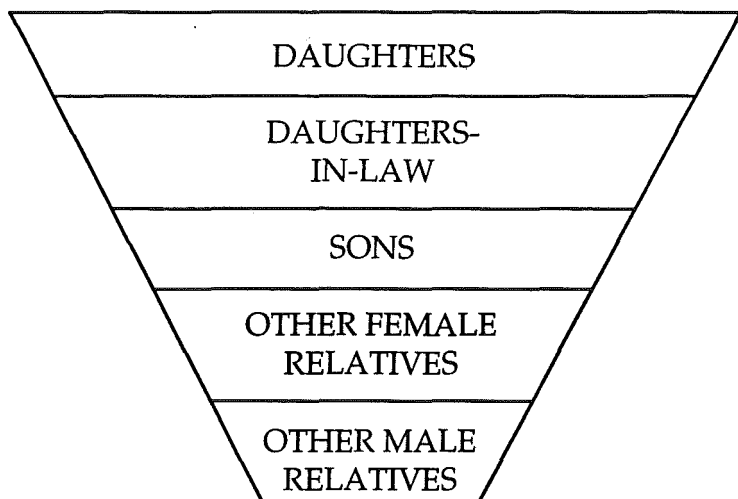


Figure 2. Family (Non-spouse) Care



Source: Braithwaite, 1990, (p.43).

An analysis of the *Carers of the Handicapped at Home* survey undertaken by the Australian Bureau of Statistics, also bears out this hierarchy. In the over 75 age group, for example, 13.5% of daughters were caring for their elderly fathers compared to only 1.1% of sons. For the same age group, 42.7% of daughters were caring for their mothers, compared to only 10.6% of sons. In addition, in this latter group, 15.2% of other female relatives or friends were also caring. The spouse/spouse caring dyad was the strongest, with, for example, 100% of wives caring for their husbands in the 70-74 year age group (ABS Cat.No. 4122.0 1990, Table 9, p.18). The ACOTA survey also found that "almost half (45.2%) of all women aged 75 years and older lived alone" (Calder, 1986, p.3) without an immediate spouse to care. The question must then be asked, to whom do these women turn when they themselves need care?

6.3 The Hierarchy of Care — the Non-Spouse

The aged parent who is widowed (usually a woman), turns initially to her children for care and then to her children-in-law. Of the children, daughters provide most care, with daughters-in-law also caring, but not really with such intensity. Male children or sons-in-law provide minimal support. This pattern of care — ie. spouses first, daughters second and daughters-in-law third, with sons, other female relatives and male relatives providing only a relatively negligible proportion — is repeated over and over again in the literature analysed.

Braithwaite (1990) provides an excellent analysis of the 'hierarchy of care' in the results of her survey of 144 carers in the ACT. Of the 75 respondents who had spouses alive, the spouse provided care in 62 cases. Of the other remaining respondents, care was provided by children or children-in-law in 73 cases. A further analysis of these 73 found that nearly 70% were cared for by a daughter, 15% by a daughter-in-law, and 14% by sons (of whom 5 had no sisters and 6 were not married). The remaining 4 respondents had no living children and were being cared for by grandchildren, a niece and a nephew. Five other respondents were exceptional in that they were being cared for by companions, a niece-in-law, a sister-in-law and an ex-wife. (Of this latter group, women provided care in all but two of the cases where the men had retired, but their wives still worked). Within this hierarchy of care, it is the spouses, daughters and daughters-in-law who undertake the bulk of the tending or personal care. Sons or sons-in-law may provide transport, or do odd jobs around the house, but the intense one-to-one care is provided by the spouses and female children.

Kendig found that when older women live with their daughter a "large proportion" (1983, p.136) of such women tended to be disabled, and therefore had to rely more heavily on their middle aged daughters for care. In addition, the proportion of female to male residents of

nursing homes is directly proportional to their age. In other words, elderly women are more likely to require institutionalisation, rather than elderly men, because of their longer life spans and better health. Of the more than 2000 people interviewed in the 1981 ACOTA survey, more women (8.3%) than men (3.9%) had their names on waiting lists for institutional care, and more non-married people (9.6%) were found to have their name on a waiting list than married people (4.7%). Finally, people who were living alone (12.2%) were also more likely to have their names placed on waiting lists (ACOTA, 1985, p.107).

6.4 The Hierarchy of Care — the ‘Woman in the Middle’

As the longevity of the elderly parent increases, so too does the likelihood that the daughter or daughter-in-law will be middle aged herself when she is required to provide care (Hess and Waring, 1983). Brody (1981) calls this woman the “woman in the middle”. She is:

in middle age, in the middle from a generational stand-point, and in the middle in that the demands of...[her] various roles compete for [her]...time and energy.

She is also “in the middle” in regards to:

two potentially competing values...the traditional value that care of the elderly is a family responsibility vis-a-vis the new value that women should be free to work outside the home if they wish (Brody, 1981, p.471).

Such women often still have children of their own at home to care for. Such women (aged between 45 and 64 years) also made up 26% of the majority of married women working both full-time and part-time in Australia in 1989 (Department of Employment, Education and Training, 1989, p. 89, Table 3). A comparison of Australian surveys of

carers shows the veracity of Brody's analysis. Kendig et al. found that 28% of non-spouse carers were over the age of 60 years and 23% were over the age of 50 years (1983, p.152). The ACOTA survey found that 41.4% of carers were over the age of 60 (Calder, 1986, p.7), and Braithwaite found that 50% of the non-spouse carers were over the age of 60 years (1990, p.40).

Within families where there is more than one daughter, how are decisions taken as to who will care (Day, 1986)? Braithwaite (1990) found that in some cases, daughters-in-law cared instead of daughters, and that economic circumstances alone could not be used to explain this. In other cases, she found that elderly parents left their own familiar surroundings and networks, in order to move to the ACT area to be closer to their chosen daughters. As Braithwaite's survey targeted primary carers, it was natural that a positive outcome of such a move by the parent emerged. However, a contrary picture appears in a survey conducted by Coleman and Watson (1987), also in the ACT, which found that many women "had severed good social and service networks in order to be closer to their families, who in many cases, only visited once a week or a fortnight" (p.57). In other words, the decision by the parent as to who will care, is often one fraught with conflict. The 'woman in the middle' often finds herself 'chosen' without having too much to say about it; as a result her burden of care becomes an emotional stress. The 1988 South Australian *Women at Home* survey, had this to say about such women:

These women reorganise their lives in ways which would be intolerable to most people; in some instances, they give up paid employment, forfeit all social life, never leave the home for more than one hour at a time, never take a holiday and suffer financial, personal and social stresses which are often damaging to their own health...the ultimate irony is reflected in the fact that for many of these women their own destiny is a nursing home bed as there is no-one in the home to care for them when the need arises. The rate of institutionalisation of women is twice that of men (1988, p.40).

Stresses on the primary carer are also confirmed in *Women, the Caregivers*, a report of consultations by the Western Australian Women's Advisory Council, where respondents reported that "many had not had an extended break for anything from 9 to 29 years" (1986, p.23). In Braithwaite's survey, for example, one respondent had cared for her 100 year old mother for 45 years. Braithwaite says "Care had been provided in spite of a broken marriage and major health problems for herself and her children" (1990, p.50).

The WA Women's Advisory Council report also found that carers were:

sometimes loath to impose more than emergency help on the wider family. They pointed out that whilst 'time for myself' is recognised as of primary importance to survival [for the care-giver], the need for it is often mitigated by feelings of guilt and anxiety and of not being 'up to' the job. That is, the permanent, 24 hour commitment of being an (unpaid) carer (1986, p.23).

The significance of the ideology of 'motherhood' and 'caring' is so imbued into women's consciousness, that the emotional costs of care are perceived by them a 'failure of duty'.

6.5 The Hierarchy of Care — the 'Community'

In considering the evidence presented above, the ideology of 'care by the community' is therefore plainly erroneous and it is not care by friends, neighbours and wider kinship networks but rather care by women that should be the concern of public policy.

The 1981 survey of Kendig et al. of over 1,000 respondents in Sydney found that friendship in Australia is based on mutuality and reciprocity while personal care or tending by necessity tends to create

a one-way relationship. They also found that the relationship between neighbours in Australia was based on a demand for privacy which tended to deny the kind of intimacy needed for personal care. Therefore neither friends nor neighbours were cited as primary care givers in any one case in the 1050 people surveyed. Kendig et al. found that neighbours were only called upon for emergencies mainly because of their geographical proximity, and even then, 50% of respondents said that their neighbours would not "notice" if they were not around (1983, p.139).¹

The point must be made too that Braithwaite's survey of 144 people in the ACT did not include one neighbour as primary carer; nor did the ACOTA survey of over 2,000 respondents. In addition, the latter survey found that almost a quarter of the respondents had no contact at all with their neighbourhood (Calder, 1986, p.6). In the Kendig et al. survey, 10% of the respondents admitted that no neighbours would know whether they (the respondents) were not visible regularly in their homes. The neighbour/neighbour relationship in Australia in the context of care is an area of sociological research that requires further study. However, from this short analysis, the conclusion can be drawn that for primary care, *caring for* or *tending*, the neighbour and friend play little or no part, a fact which should lay to rest totally, the myths surrounding 'community' care.

¹ A recent (1993) discovery in Sydney of the body of a woman who had died three months earlier, on the floor in her kitchen, would point to the tragic relevance of this issue.

Chapter 7: Informal and Formal Care: An Ambiguous Partnership?

In this part of the analysis I will focus on the impact of the formal sector on the informal and the way in which the formal sector maintains and supports the familial ideology of the social construction of care, and in particular, through the very large assumptions made by the formal sector about who is providing the care in the informal sector.

7.1 Who Does What in the System of Care?

The broad framework of care can be divided into four key areas — the government, the commercial (or private-for-profit), the non-government (or voluntary) and the informal. Graycar and Jamrozik (1989) provide a detailed analysis of the relationships between the four sectors of Australian government, and Bulmer (1987) does the same for the British system.

While the relationship between the formal and informal sectors appears symbiotic, in fact it has no real basis of partnership at all. Bulmer (1987) argues that the relationship between informal and formal sectors, particularly in the area of care, is not perceived by the policy makers, or indeed welfare practitioners, in any holistic way. There tends to be a concentration on the formal care network to the exclusion of all else. The fact that women bear the brunt of care in both sectors goes largely unnoticed, while all focus tends to be on the professionalised services provided through the formal sector. As the motto of the Commonwealth Department of Community Services and Health¹ — *Sharing Community Care* — demonstrated, the rhetoric of social policy has largely been about 'sharing' community care through an amalgamation of formal and informal services. However the reality is that:

policies for 'sharing' care involve a threat to traditional notions of the family and woman's 'role' and a [concomitant] fear of undermining women's commitment to caring work lies near the surface (Dalley, 1988, p.96).

Kendig (1986a) argues that this lack of a holistic vision and the underlying assumptions of familial ideology allow the policy makers to "manipulate" the informal sector through what he calls a form of "social engineering" developed at this time of "sustained and substantial cutbacks of welfare expenditure" (p.8). The economic and ideological aspects combine in an interest to "maintain traditional family patterns" (Pascall, 1986, p.96) and therefore assist in keeping the formal and informal sectors apart. As Beresford and Croft (1984) argue, familial ideology can also be seen behind the current popularity towards 'patch' services in Great Britain. 'Patch', also known as 'brokerage' or 'linkage services' in Australia (Howe et al., 1990) has been hailed as the future model for community care (Hilliard, 1988) and yet Finch (1984) and Beresford and Croft warn that it is:

based on reliance on anachronistic and gender loaded notions of 'community'; the reprivatising of responsibility of care; [and] the unpaid labour of women (1984, p.33).

This also results in an attitude whereby the state is seen as a point of 'last resort' in care, as a 'safety net' — a place to turn when all else fails, rather than as a supportive partner in the caring relationship (Yeatman 1990). This in turn supports the residual concept of the state discussed in Chapter 3. Such an attitude impacts on the women providing the care who in turn view reliance on the formal network as something of a personal 'failure' in their ability to care. The state tends to intervene only at the carer's point of personal exhaustion (Pascall, 1986, Osterkamp, 1988, Rossiter, 1983).

In addition, when discussing the four sectors of service delivery, it should be clearly noted that in the area of personal care (that is,

intimate tending in the home), formal services of any kind rarely appear while the commercial sector is expensive and few people can afford to purchase its services (Graycar, 1984). In addition, care recipients and carers are all likely to be poor and dependent on state pensions or on others for financial support. Voluntary (or non-government) home help, delivered meals and home nursing services (in other words, those covered by the Home and Community Care Program) are only sparsely available, are often not known about by the care receiver or her carer (Kendig et al., 1983), and are usually provided by the volunteer labour of women (Vellenkoop-Baldock, 1990).

7.2 The Assumptions Held by the Formal Sector About the Informal Sector

One of the key assumptions underpinning the 'relationship' between the formal and informal sectors is that everyone has an informal network on which to rely. In other words, everyone has a family and community. This, it could be argued, is as a result of the formal service sector having very little detailed up-to-date information about the informal sector (Kendig et al., 1983, Braithwaite, 1990, Auditor-General's Report, 1988). However, as Kendig et al. found in their 1981 survey (1983, p.164), a "substantial minority" of elderly people have no children and as a result these make up an over-represented group in institutions, simply because they have no family and therefore no-one to care.

Policy-makers, practitioners and so-called 'family experts' of the formal sector appear to be in agreement with the functionalist familial ideology which designates women the caring and nurturing role (Dalley, 1986, Beresford and Croft, 1984, Langan, 1986). The implicit assumptions of familial ideology result in formal human services being "geared more to the needs of men than women" (Braithwaite, 1990, p.107). This agreed assumption directly impacts on the relationship between the informal and formal sectors in the social construction of

care. While it is beyond the scope of this monograph to discuss in any detail the power relationship between formal service and service user, or more specifically human service worker and human service client (Burden and Gottlieb, 1987, Ferguson, 1984), the iniquitous balance of power makes the term 'partnership in care' at best a euphemism and one that urgently requires more detailed critical appraisal. As any human service client recognises only too soon, there is little or no empowerment in being the recipient of care services (Ferguson, 1984). Instead, both the carer and care recipient tend to be at the mercy of, and dependent upon, the formal service agency.

Another example of the assumptions of the formal sector that requires further analysis here is the consistent reporting by respondents to various surveys on care that the formal sector discriminates against wives in support of husbands who care for spouses (Ungerson, 1983, Pascall, 1986, Braithwaite, 1989, Pruchno and Resch, 1989, Kendig, 1986, Oliver, 1983, Wright, 1983). The assumption behind such discrimination is clearly that it is the 'natural' role of the wife to provide such care — but an 'unnatural' one for the husband, and therefore he requires more support from the formal network. In her analysis of formal services provided to 144 care recipients, Braithwaite (1990) found "[m]ale caregivers were more likely to benefit from Meals on Wheels than female caregivers". Her analysis for why this is so is interesting:

it is consistent with a bias observed in how the service was administered. Female caregivers complained of being refused assistance for their co-resident elderly parents on the grounds that women were more able to prepare meals than men and exceptions did not appear to be made in the case of women who were working (p.107).

The ACOTA survey found that 65.3% of non-spouse carers received the most help from formal services whereas only 26% of spouses received similar services (Calder, 1986, p. 7). It also found that while

spouses were likely to get less help overall, the help they did receive tended to be regular help. Unfortunately, the survey data does not provide the husband/wife ratio in this formal service delivery. Pascall (1986) discusses an Equal Opportunity Commission (UK) study that confirmed that "male carers tended to receive more support at an earlier stage in the onset of dependency" (EOC, 1984, p.31 cited in Pascall, 1986, p.95). Ungerson (1983) analyses these findings further and concludes that women are seen by the formal sector (particularly by their general practitioners) as being able to cope and women themselves often do not wish to be seen as not coping. Men on the other hand, because it is not their 'natural' function, have no such inhibitions and indeed the formal sector accepts their lack of ability to cope all too readily (Finch and Groves, 1984).

As I argued earlier, the dichotomy between the familial ideology and the reality of caring creates a profound stress for women. Oliver (1983) in her analysis of the lives of women caring for their disabled or elderly husbands, identifies this attitude of the formal network when she says:

By seeing the wife as a person who will always be present, always free to assist and always willing to subjugate her own needs and wishes entirely to her husband, statutory services can avoid providing nearly all services (p.77).

This UK finding was confirmed by Kendig in his Australian survey of 1981 when he found that:

most current [formal] services are oriented towards disabled people living alone, and do little to assist the co-resident carers who currently provide the main alternative to institutionalisation (1986b, p.183).

In her UK analysis of single carers, Wright (1983) also found that sex role expectations and placement in care were dependent on the

type of household and that households in which men cared received more support from formal services. As an aside to this discussion, Finch (1984) points out that even in the debate around the future so-called 'genderless' community care programs, because of the "cultural phenomenon" of the "naturalness of caring" being a women's role there "seems little prospect that men will...take on 'caring' tasks" in the future" (p.11). In other words, the hegemony of the familial ideology binds together the major players in the formal sector in its attitude to the informal sector and the role of women as carers.

7.3 Non-Use of Formal Sector by Carers

There appears a common theme within my analyses of various surveys relevant to the issue of 'care'. This theme is the lack of knowledge of carers and care receivers of the availability of formal services, and in the instances of those who are aware, a decided reluctance to make use of them. Lack of time was one reason given by carers for rejection of formal services; another was a:

reluctance to use some of the existing services because [they]...led to an increase in the dependency relationship, and ultimately...services had the effect of increasing the burden of care (Kinnear and Graycar, 1983, p.88).

The lack of knowledge of formal services also was highlighted in the *Final Report by the Committee of Enquiry into the Needs of Older Women* published in Western Australia in 1990.

This reality of lack of knowledge and lack of information and the resultant lack of empowerment on the part of the respondents is what is to be expected considering that both the carer and the care recipient are, as I have discussed, mostly outside of the public arena. In addition, the familial ideology pervades the formal sector to such a degree that support systems are available only when all else fails. Faulkner and

Micchelli (1988) conclude that:

There is often an unspoken assumption that female caregivers will manage without support until their emotional exhaustion or stress-produced physical illness creates a crisis in caregiving, to which the community will finally make a crisis response (p. 13).

Institutionalisation of the aged parent is often the response (Minichello, 1987, 1990) to that crisis. Further research as to how elderly people and their carers receive important information from the formal sector and the assumptions made by the formal sector in regard to care by women is long overdue.

7.4 Formal Service Sector and Primary Carer Support

Braithwaite persuasively argues that it is the lack of appreciation of the carer's role by the formal sector that can be cited as the chief reason for its failure to provide adequate useful supports for carers. She gives examples in which the inflexibility of the service agency only adds to the already intolerable burden of care (1990, Chapter 12). In addition, as Oliver (1983) points out, the formal sector fails to identify strongly enough with the women carers and the fact that they are often personally vulnerable to feelings of guilt about their perceived failure to care and therefore do not ask for help they need:

The carer, knowing that she is not the direct recipient of services, is usually reluctant to seek help from those whom she sees as assisting her husband (p.87).

Braithwaite confirms that while the support for the carer is undertaken in addition to support for the care recipient, more often than not such care is reliant on the good intentions of overworked

formal care workers (1990, p.140). Finch and Groves argue that the "gender-blindness" inherent in human service theory and practice, and which permeates the majority of the 'helping professions' must also accept responsibility for this lack of recognition of the needs of the carers (1984, p.93). The lack of knowledge of formal human services by the people who need them and are entitled to them is a recognised problem within the human service industry.

Nevertheless, the reality for women who care is that support systems are not always available, are often premised on assumptions about the roles of women, and more often than not, when offered do not meet the needs of the carers, but rather suit the needs of the formal service system. One current example can be seen within respite services. All too often, the respite is offered as an 'in home' service, which makes an assumption the primary carer has somewhere to go, or wishes to go somewhere, other than to be in her own home with her own private space. I have been told by women carers that they just want the opportunity to have the house to themselves, they don't necessarily want the pressure of a volunteer or paid respite carer's presence.

¹ The logo and motto have now been changed as part of the amalgamation into the Department of Health, Housing, Local Government and Community Services.

Chapter 8: The Impact of Demographic Changes on Care for the Elderly

The current social construction of care for elderly people as discussed above is in jeopardy from two sources: one is from women themselves, as evidenced by the increasing feminist discourse on ageing and caring; the second is a more subtle threat, and is revealed by the demographic changes currently influencing western society. In this section I concentrate on outlining some of the broad social changes which are impacting on society and what trends can be identified for the future, a future which will have critical implications for women as carers.

8.1 The Aged

The numbers of people over the age of 60 in Australia is increasing, with the fastest rate of growth in the next decade being that of the over 75 years group, the so-called 'old-old'. As the post World War II 'baby-boomers' reach old age, the numbers will increase further, to peak around 5 million or 22% by the year 2021, a growth of 8% from 1981 (Kendig and McCallum, 1986, p.ix.). Because the birth rate is still decreasing and life expectancy is increasing, the proportion of aged people as part of the population will increase. The proportion of ageing to working population is also increasing, although it will do so more rapidly after 2006 (1986, p.4). The proportion of males to females of the aged population shows that high numbers of women are alive at older ages, with the group in the over 75 years the greatest proportion. In 1986 63.3% of the over 75 age group were women and 36.7% were men (ABS Cat. No. 2502.0, 1988, Table 1.5 p.6). Presently, 80% of Australians who are aged are in the 65-79 years category. Women predominate here roughly 55% to 45%. The over 80 group are predominantly women (around a ratio of 2:1). From 1986-1991, there has been a steady increase in the numbers of older men both in the over 80s group and in the 65-79 years group (Gibson, 1993, p.5).

8.2 The 'Women in the Middle'

The present 45-54 age group is also undergoing major demographic changes. This group represents some 4.4% of the total female population of Australia (ABS Cat. No. 2502.0, 1988). The workforce participation rate of this group was 64.8% of those born in Australia and 59.2% of those born outside Australia (ABS. Cat. No. 6203.0, 1991, Table 13, p.19). In real terms this means that in November 1990, 230,900 married women in the 45-54 age group worked full-time; 199,500 married women in the same age group worked part-time; and this group made up approximately 21.4% of the total of working Australian women (1991, Table 16, p.21). Of the 45-54 age group, some 272,200 married women and 62,000 single women were not in the labour force (Table 43, p.36). There has been an increase in marriages among this group: in 1947, 13% were unmarried but by 1981 this had dropped to 4% (Kendig and McCallum, 1986, p.19). Women are also re-marrying and therefore becoming responsible for "re-constituted" families (Faulkner and Micchelli, 1988, p.12). However, the number of children has been decreasing steadily since the early 1960s and there is an increase in the number of women having no children (A.B.S. Cat. No. 3223.0, 1988, p.1).

These trends have implications for future cohorts of women carers as more women in the younger age groups will have had long experience of paid work and will want to continue working instead of remaining or becoming economically dependent on their husbands. It would be expected therefore, that the proportion of married women working in the 45-54 age group will continue to increase, as it has done since 1947 (Kendig and McCallum, 1986, Figure 3.4, p.14). The future cohorts of women will be much better educated, as more and more women are either returning to post-secondary study, or entering university straight from school (ABS. Cat. No. 4108.5, 1990, p.27). In addition, there is an increasing trend among Australians not to marry, or if they do marry, to delay having children, or not having them at all. As Kendig and McCallum point out, there are some "predictions [that]

suggest that as many as 11 per cent of the children of the 1950s will never marry — virtually twice the proportion for their parents' generation" (1986, p.20).

8.3 Consequences

Among the carers group are increasing numbers of women over 60 years who are initially likely to be providing care for ageing spouses, but will subsequently, as they reach the over 75 ('old-old') age group, require care for themselves. In addition, women living alone — and in 1981 over 62% of women over the aged of 75 years were widows (Kendig and McCallum, 1986, Figure 4.1, p.19) — are those in greatest jeopardy from the threats of poverty, dependency and from potential institutionalisation.

As a result of changing marriage, child-bearing and work patterns of that group of women who traditionally make up the bulk of care givers, I believe there will be an impact as to the future availability of such women, many of whom are in that generation known as the 'baby-boomers'. The changing demographic patterns of this latter group include increasing divorce rates, single parenthood, decreasing child bearing, re-marriage and increasing paid employment participation. A major consequence for women of their increasing longevity is that they are likely to care for an ailing spouse before they too become in need of care. Widowhood is a firm possibility, and with widowhood comes the likelihood of dependency, either on a daughter, or daughter-in-law, or on the state. However, the likelihood of having someone to provide that care is diminishing as the demographic data shows. As Jordan (1987) points out, in the United Kingdom it is estimated that by the year 2001:

the typical couple in their eighties will have only eleven (11) female relatives of whom three (3) will not be in employment, compared with a similar couple today [ie, mid-1980s]

with forty (40) female relatives, fourteen (14) of whom will not be in paid work (p. 203).

In other words, just as there is an increase in the number of elderly people in the population, so there appears to be a decrease in the number of possible carers. The problem then is that the older a woman becomes:

the more likely she is to be without younger women who are obligated by family bond to care for her. This situation may become even more pronounced for future cohorts of the old (Faulkner and Micchelli, 1988, p.11).

Rimmer (1983) argues that in remarriages in the UK, some "23% of second wives were ten years or more younger" than their husbands, thus increasing the likelihood that "women will be caught in the third part of the caring cycle" (p.143). Consequently, increasing marriage and re-marriage rates, divorce rates and decline in birth rates as well as the current increased employment rate of women is actively working against the possibility of a future "pool of potential caretakers". As Graycar and Jamrozik put it:

In Australia the middle aged unmarried woman not in the labour force, who could be counted on to provide care is a disappearing species (1989, p.258).

While Rowland (1986) remains optimistic about the decreased mortality rate among children therefore providing their parents with a larger pool of potential carers, neither Rowland nor other commentators pay much thought to the next cohort of 'women in the middle' who will be drawn from the first group of 'baby-boomers' (those born between the late 1940s and early 1960s) and whose attitudes to caring are likely to be influenced by their rather different education/work/marriage histories. Kendig (1986) believes that the "primary impact" of this lack of carers will be to "increase the stresses in providing care

rather than to reduce its availability" (p.176). In other words, because of the nature of the social construction of caring, the familial ideology on which it is based and the patriarchal system through which it is disseminated, women in the middle, the carers, are likely to find themselves with increasing burdens of responsibility. It is true, as Kendig (1986) points out, that full time employment and full time care at home are "incompatible" (p.176). Nevertheless the fact remains that many women subject themselves to incredible levels of stress in order to care, and to prove that they can cope. I would argue that the weight of evidence reveals that the combination of demographic realities will result in a situation where there will be fewer women who will be able to care and this challenges the recent call by the Federal Government that "there will need to be an increase in the carer population" (Howe et al., 1990, p.3). The consequence of this depreciation of carers is likely to be that women will continue to care but the costs will be much higher (Ungerson, 1987).

8.4 Trends that Impact on Future Caregiving

I suggest that there are four identifiable trends that can be drawn from the demographic evidence discussed above.

1. The current cohort of women who will provide care in the next decade and beyond are women who have experienced long periods of employment. It is possible that while they may not totally reject the caring role, they may demand more assistance from the formal sector than is now presently forthcoming.
2. The increase in single parent households, most of which are female headed, many of which are poor, are also likely to result in women torn between the need to work full time in order to provide for their children and the need to care for elderly relatives.

3. 'Re-constituted' families are really an unknown quantity in the caring cycle. For whom does the woman care? And what about the children of such families? Where are their loyalties?
4. As women are having fewer or no children, this plus their own increasing desire for the economic and personal freedom of paid employment, may mean that the future cohorts of carers will be reduced.

As Faulkner and Micchelli (1988) state "today's young women are tomorrow's old women" (p.17). However there is little empirical evidence about what today's young women think about their societally ascribed roles of carers, let alone what they think about growing old. Do these women want to care exclusively? Do they want to share care with formal services? Do they want to abstain from care altogether? Is there likely to be a shift in attitudes to a gender division of care? In other words, will men care? This latter scenario is the least likely as long as the hegemony of familial ideology remains.

Chapter 9: Caring: Emerging Feminist Issues

By continually ignoring the contributions that women's caring work makes towards society (Land, 1976) such a society contributes to what Bulmer terms a "vacuum" in the "heart of community care policy" because of its "failure to develop a policy to support women as informal carers" (1987, p.212). Socialist-feminists argue that it is in the social construction of care and in the concomitant ideology of what is and what is not work, that the reality of the inequality of men and women in our society can be seen. As long as the 'vacuum' persists, women will continue to remain oppressed and carry the burden of being considered unequal to their male counterparts. At present, as Dalley (1988) argues, the feminist view of care sits on the periphery of public debate on the issue. It is seen as ancillary to it, rather than the central issue. The feminist view must become "incorporated and integrated" (Dalley, 1988, p.146) not only into public policy but also into sociological theory and praxis and thereby into the education curriculum of future generations of human service workers.

I will now synthesise my discussion into several key issues which I believe are of concern to a feminist critique. This section will identify and discuss these issues.

9.1 Homogeneity v. Heterogeneity

Caring, both private and public, is women's work; however, it is important to stress that none of these women (either as caregivers or care recipients) are in any way homogeneous. Women's attitudes to caring and receiving care are also not homogeneous. For example, some women "want and value the role of carer" (Croft, 1986, p.24) and find deep personal satisfaction in that role. Other women take on the role, but find it stressful and frustrating (Pruchno and Resch, 1989). As we have seen, the burden of care falls heavily on all carers; yet those

who are caring and finding it frustrating, have an additional emotional load to bear. Women as care-receivers are not homogeneous either. Many elderly women choose to be cared for by other women, particularly their daughters. They reject the impersonality of a nursing home or hospital. Other women, as Day (1986) found, prefer not to burden their families, and want to have a choice of care, perhaps formal, professional care.

For feminists, therefore, the issue of heterogeneity is a crucial one. It is all too simple to be attracted by the notion of grouping women together because they are elderly, or because they are carers, without recognising the essential differences between all women. Research on and policy for women should have women's experiences as central to the issue under discussion (Finch, 1991, Reinharz, 1992). Research should be research with, not research on. In the debate on care, women, whether they are the elderly, paid or unpaid carers or the volunteers, must have the right to state their views and be heard, but also, more crucially, must have the right to be involved in the making of decisions about their lives (Croft, 1987).

9.2 The 'Super-Carer'?

While it is recognised that many women choose to care and find the experience personally satisfying in a role which "allows them to express values central to their identity" (Braithwaite, 1990, p.133), there is, nevertheless, a danger as Braithwaite warns, in supporting the ideology of the 'super-carer'. Recently there has been much media discussion as to the 'new woman' being a 'superwoman'; a role which has led many women to over-achieve in their anxiety to reach this perceived 'epitome of womanhood'. The media particularly imbues its advertising with a picture of such a woman, who seemingly endlessly coping and satisfied with her caring, nurturing role, manages a job and a family with equal ease. Braithwaite (1990) warns against women believing such a role model when it comes to caring. She also warns

against the formal sector encouraging such a 'superwoman' model. The role of caregiver brings with it "frustration, pain and despair" (p.133) and women who care should be counselled as to this reality. The formal sector, in turn, should be far more sensitive to possible personal overload and breakdown.

While feminists have never subscribed to the notion of the 'superwoman', nevertheless it is clear that there is a tendency for many women to assume the 'dual role' all too readily, and in accepting it create for themselves a stressful and difficult environment. The 'dual role' is a phenomenon created from the dichotomy that exists between the familial and patriarchal ideologies and the movement of women into the public arena. This is created by the public/private dichotomy and the invisibility of what occurs in the private domain, as well as the fact that managing a house, or caring for others is not considered 'real work'. As long as these two domains are kept separate, the dual role will continue to exist. While society recognises that women can undertake paid work, nevertheless, the ideology of 'woman's place' has not changed, and thus women's roles are still tied to the private sphere. A feminist discourse must concentrate on the reality of what the 'dual role' means, and an emphasis on the need to redefine roles for women and men.

9.3 A Dilemma — the Exploitation of Women v. their Desire to Care

While the exploitation of women in the caring structure has clearly been established, what needs to be more clearly recognised is that many women want to care and many other women want them to, in order to be cared for by them. This dilemma, which can be summarised as *Exploitation v. the Desire to Care*, needs to be highlighted in any feminist critique such as this one. Because, as I have argued, many

women choose to care, it is not satisfactory in any feminist critique to ignore these women, or as Croft says, to dismiss them "simply as the consequence of false consciousness or the dominance of male values" (1986, p.24). In the feminist debate on care, women who want to care need to be considered just as much as those who do not. The exploitation of both groups is a fact. Nonetheless, our future discourse must consider just how to achieve a caring society without gender bias and still allow all women, carers or care receivers, to have a choice.

The present pattern of care in our society is not satisfactory for women. A great many of them, both as carers and receivers of care, are unhappy. Rather than acknowledge such unhappiness, current social policies tend to conceal it beneath rhetoric about 'community' and 'family'. As the demographic data has shown, the next cohort of carers is likely to have even greater problems 'adjusting' to an ideal of care which is perpetuated through the familial ideology. The "prevailing pattern of care" says Croft "is divisive — setting carers against the people they care for and women against women" (1986, p.24).

Let us have a feminist discourse, which must become central to the discussion on care, that attempts to untangle the reality of care from the fiction of the ideology and thus releases women to recognise their own needs. Already, the feminist critique of care has a decade long history and a feminist discourse on ageing is currently being generated. This discourse needs to confront and challenge the issues of value, exploitation and discrimination (the moral status of those being cared for, the gendered division of labour relating to those who care both privately and publicly and the low economic value given to those who provide social care) (Dalley, 1988, p.107). The exploitation of women who care, regardless of whether they want to or not, is morally iniquitous and ethically wrong. Our feminist discourse must maintain the pressure while considering the needs of all women in the debate.

9.4 Potential Inter-Generational Conflict

While gerontological literature has a long history, until very recently, feminist analysis and research in the area of aged care has tended to concentrate on the role of the carers, to the exclusion of the elderly women themselves. While in writing this paper I have also tended to that perspective, by so doing, I and other feminist writers are, albeit perhaps unconsciously, determining a framework for possible inter-generational conflict. While the discourse continues to concentrate on the needs of women as carers, it tends to ignore or distort the needs of elderly women.

Russell's (1987) argument about why feminists tend to concentrate on the 'woman in the middle' to the exclusion of elderly women is outlined above. In the social construction of care debate, we must not lose sight of this area of potential conflict between women, and must focus on the needs of all women involved. Hess and Waring (1983) put the dilemma this way: "how to provide humane care for the elderly while respecting the autonomy of both generations of women" (p. 227).

Discussion of the needs of the carers should not lose sight of the needs of elderly women, and vice versa. Hess and Waring conclude that feminists should be challenging social policies that do not take into account the needs of both generations. In addition, I stress that women themselves should recognise the potential for conflict, and remain alert to the risk inherent in social policy that precipitates one group of women against another.

9.5 'Work' in the Human Service Industry

While I concentrate on the role of women who are undertaking unpaid work in the home within the human service system, mention

must be made of another feminist issue within the social construction of care. That is, the potential competition between women who undertake paid work in the human service sector and those that are unpaid. In this sense, both those women at home and those women who undertake volunteer work are at risk of being polarised, through social policies and familial ideology, against those women who are working for money within the welfare sector.

Turner (1981) argues that while human services have become increasingly professionalised, the industry remains predominantly one which employs women particularly in the lower end of hierarchies, or as unpaid volunteers. Vellenkoop-Baldock's (1990) recent survey found that there was competition between paid and unpaid women and a sense whereby the 'professional' (ie. paid) group's attitude to the volunteers tended to be condescending. She points out that "[a]ttributes of their volunteer work — menial, fragmented, with limited continuity — were imputed to the volunteers who held the job: unskilled, unreliable" (1990, p.15). This condescension can also be observed in the attitude of some 'professionals' towards women caring in the home.

Finch and Groves (1985) identify this as a "gender-bias" (p.99) of professional human service workers. This should not be surprising, given the hegemonic nature of familial ideology and how, as has been discussed, many women (including professionals such as co-ordinators, social workers, welfare officers, nurses, doctors and so on) are socialised within the dominant paradigm by such ideological thinking. Women who are caring in the home privately and unpaid, can be made to feel inadequate when the 'professional' woman carer visits. As I have discussed, many carers choose not to ask for help from the formal sector because of the increased burden this places on them. The issue for future feminist discourse is that the women who are paid to care should, in the first instance, recognise that **women** are doing the unpaid caring, whether as wives, daughters or volunteers.

Chapter 10: Summary

The social construction of caring is a complex and dynamic set of inter-relationships which have broad implications for women generally and feminist analysis of social policy in particular. I have identified the relationship between the formal and informal sectors as they intersect regarding care, and have shown that while the majority of care is provided through the unpaid work of women, nevertheless the formal service sector plays a crucial role in extending the social construction of caring. Indeed, as has been argued, it is in the state's best interest to do so, and those who work for the state in the paid formal sector continue to maintain the familial ideology in their attitude to care. My discussion focussed on the unpaid work of women who provide the bulk of care as 'invisible' work. It revealed that the true cost of such care is the amount and sheer complexity of the work done by women and it also revealed that for many women, it becomes a choice between caring and being able to be independent through undertaking paid work.

Through a brief outline of demographic changes in Australia, I argued that the dilemma of roles between paid and unpaid work will become an all important issue for the next cohort of women whom the state presently assumes will undertake the bulk of the care of the increasing numbers of elderly persons in the future. As a result of the demographic changes presently impacting on our society and the fact that the next cohort of 'caring women' are likely to be well-educated and highly politicised, more demands may well be made on formal service systems than is presently the case. There may well be a continued increase in female-headed households and the concomitant tension between the need for paid work and pressure to care. Reconstituted families are an unknown factor as regards who will provide care to whom and finally the decrease in the number of children being born will almost certainly have an impact on the future

numbers of carers. Through an identification of these trends, I hope to stimulate further debate in Australia around these issues.

Finally, I outlined some emergent issues that will challenge us as feminists in the discourse about care. These include the necessity to recognise the different needs of all women, and not to devalue them through homogenisation. Second, to avoid maintaining role models of 'super-carers' which put undue pressure on women to over-achieve in their so-called 'dual roles'. Third, the dilemma posed by, on the one hand, the exploitation of women and on the other, the choice of some women to care. Fourth, the latent inter-generational conflict that the whole issue of the different needs of carers and care receivers raises, and finally, the fact that the social construction of caring as it is presently defined actually casts women against women in the area of unpaid versus paid work in the human service sector. The debate and discussion must continue.

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